



# Red Shield Insurance Company®

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## MOBILE HOME PARK SUPPLEMENTAL APPLICATION

*This form shall be attached to, and made part of, the fully completed Acord application by the applicant.*

Proposed Effective and Expiration Date From: _____ To: _____		Agent Phone: _____	Agent Code _____
Applicant's Name / DBA: _____		Agent Name: _____	
Applicant's Mailing Address: _____		Applicant's Website: _____	
		Billing Status <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Cell/Home	Work	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% down payment required)	
# of years park has been in business: _____		# of years of experience of applicant: _____	
Business Description: _____			
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Accounting and Inspection Contact: Name: _____ Phone: _____			

### PLEASE COMPLETE AN APPLICATION FOR EACH PARK

LOCATION # \_\_\_\_\_ of \_\_\_\_\_

Park Address: _____
City, State, Zip: _____

### RATING INFORMATION

1. Total capacity of park (# pads): _____	2. # of pads currently occupied by permanent homes: _____
3. # of temporary / overnight sites: _____	4. Any RV spaces inhabited longer than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the park do any set-ups of mobile homes? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the following:</i> 5a. Is such work sub-contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No 5b. Estimated annual sub-contractor costs? \$ _____ 5c. <i>If not sub-contracted</i> , estimated annual employee-related payroll? \$ _____	
6. Are other operations sub-contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the following:</i> 6a. What type of operations? _____ 6b. Do you require a Certificate of Insurance with Additional Insured Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No 6c. Estimated annual sub-contractor costs? \$ _____	
7. Are any residential units within the park owned by the park and rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the following; and attach schedule of rental units with description address and age of each.</i> 7a. Do rental units have smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No 7b. Do units have carbon monoxide detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No 7c. Are units equipped with fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No 7d. Are interior and exterior inspections performed and documented for each rental unit at least annually? <input type="checkbox"/> Yes <input type="checkbox"/> No 7e. Any aluminum wiring or fuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Est. annual receipts for long-term pad only rentals: \$ _____	9. Est. annual receipts for temporary campground/RV site rentals: \$ _____
10. Number of "stick" built homes (non mfg homes) _____	11. Do you sell new or used mobile homes? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Est. # of units sold per year? _____	13. If used homes are sold, are sales "as is"? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Total estimated Gross Annual Receipts: \$ _____	15. Any other business operated by you on park premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please use Miscellaneous section to describe, including receipts</i>

16. Est. annual receipts from all park operations: \$	17. Are you a member of an Owner's Association? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which one?</i>
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**MANAGEMENT / OWNERSHIP**

1. Do you / your manager live in the park? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Do you provide manager with living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If neither you nor your manager reside in the park, how often do you visit the park?	
4. Are renters of park-owned residences required to obtain their own renter's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does rental agreement for park-owned residences require tenant to maintain smoke and/or CO Sensors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are sign offs required? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is any part of the park in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are residents notified of this in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MOBILE HOME PARK EQUIPMENT**

1. Does the park own/lease mobile equipment such as tractors, loaders or fork lifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, what type? Please provide Make/Model for all equipment:
3. What type of operations is the equipment used for?
4. Have all operators completed certified training on how to safely use the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of training and how often?

**SWIMMING POOL (Check if none)**

1. Is pool area completely fenced, with self-closing, self-locking gates? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is standard safety equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are rules and emergency numbers posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are depths marked? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Maximum depth:                      ft	6. Is there a diving board, platform or slide? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a Jacuzzi, hot tub or sauna? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many in total?

**OTHER WATER EXPOSURES**

1. Is there any other water exposure on or adjacent to your property (such as a lake, pond, river, etc.)? <i>If yes, describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Can it be used for swimming? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are "Use at Own Risk" signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is it used for boating / fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are there docks, slips or swim platforms? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PARK UTILITIES**

1. SEWER: <input type="checkbox"/> Public <input type="checkbox"/> Park Owned	2. Any history of problems with system in last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
3. WATER: <input type="checkbox"/> Public <input type="checkbox"/> Park Owned <input type="checkbox"/> N/A	
4. If Water System is Park-Owned, is the water professionally tested per state requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. ELECTRIC: <input type="checkbox"/> Public <input type="checkbox"/> Park Owned <input type="checkbox"/> N/A	
6. GAS LINES: <input type="checkbox"/> Public <input type="checkbox"/> Park Owned <input type="checkbox"/> N/A	

**PHYSICAL FEATURES**

**TYPE OF PARK** *(Check / complete all that apply)*

1. Do you require all units to be tied down? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. <input type="checkbox"/> Adult only %	2. <input type="checkbox"/> Retirement %
2. Do you require all units to be skirted? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Family %	4. <input type="checkbox"/> Campground %
3. Is perimeter of park fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Give % of each unit type in park:</i>	
4. Is there gate security? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Single-Wide %	
5. Are trees in the park pruned regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. <input type="checkbox"/> Travel Trailer %	
6. Street lighting? <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> No	7. <input type="checkbox"/> Double-Wide %	
7. Streets paved? <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> No	8. <input type="checkbox"/> Campers %	
8. Is a maximum speed posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. <input type="checkbox"/> Modular Homes %	

**ADDITIONAL REMARKS**

**MISCELLANEOUS** *Do you offer any of the following amenities in the park? If yes, please describe in Remarks section:*

Activity / Amenity	Yes	No	Est. Annual Receipts if fee is charged	Remarks
1. Weight room / exercise equipment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
2. Aerobics, yoga, other fitness activities?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
3. Tours / shuttle service?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
4. Any sponsored functions where alcoholic beverages are served by applicant?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
5. Any facility used by public for meetings, weddings, church, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
6. Tennis courts?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
7. Playgrounds?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Horseshoe court?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Trampoline?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Storage of residents' personal property in park-owned facilities?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
11. Boat ramps?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
12. RV Pump-out / cleaning station?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
13. Propane tank refill service?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
14. Propane tank exchange service?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
15. Is access to park facilities limited to park residents & their guests?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Any other features or activity not list above?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, describe:</i>	

**Applicable in WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in OR:** Any person who knowingly and with intent to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

***This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.***

**Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.**

APPLICANT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

***Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.***

PRODUCER'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_